U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only	
	JUL 202005	
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1. File Number U - 459

3. Name and address of person filing.

Name ALFREDO R. RUBALCAVA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Labor Organization File Number 0/2 //

1112004 Through: 1213/18004

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 8/7 N. VIUE ST	Street 8/7 N. VINE ST.		
State CALIFORNIA ZIP Code +4 90038	State CAUF. ZIP Code + 4 9W8		
5. Position in labor organization.			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
6. Name and address of Employer (including trade name, if any). Name SOULPLANET NECORONOS	7.a. Nature of Interest, Transaction of the Control		
Trade Name, if any: UNCLE CHICO MUSTE			
P.O. Box, Bldg., Room No., if any	7.b. Amount		
Street 1608 HILLHURST UNITA	$\varphi \rightarrow \gamma \gamma \omega$		
City LOS AUGELES State CALIF. ZIP Code + 4 90027	Service Of Management of the Control		
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the			

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number